

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

· <u> </u>	1311 ,	1311 (Prior Period)	NAIC Compan	y Code	95844	Employer's ID Number	38-2242827
Organized under the Laws o	,	Michigan		State	of Domicile	or Port of Entry	Michigan
Country of Domicile		<u> </u>			States		
Licensed as business type:	Life Accider	nt & Health []	Property/C	asualty []		Hospital, Medical & Dental Se	rvice or Indemnity []
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	ce Corporation []	' '	,		Health Maintenance Organiza	,
	Other []	oo oorporation []		•		es[X] No[]	
					d Business		
Incorporated/Organized		06/27/1978	(02/08/19	3 79		
Statutory Home Office		2850 West Grand (Street and Nu			,	Detroit, MI 4820 (City, State and Zip Co	
Main Administrative Office		(0.0000.0000.0000.0000.0000.0000.0000.0000	,	20E0 Wa	ot Crond D		,
Main Administrative Office		200			est Grand Be reet and Number	er)	
	Detroit, MI 482 City, State and Zip					313-872-8100 (Area Code) (Telephone Number)	
Mail Address		Vest Grand Boulevard	i	_,		Detroit, MI 48202	
	,	and Number or P.O. Box)				(City, State and Zip Code)	
Primary Location of Books a	ind Records					t Grand Boulevard et and Number)	
	Detroit, MI 482 City, State and Zip				,	248-443-1093 ea Code) (Telephone Number) (Extension	-)
Internet Web Site Address	nty, State and Zip	code)		14040	v.hap.org	ea Code) (Telephone Number) (Extension	1)
Statutory Statement Contact		Dianna L Rona	n CPΔ	VV VV	v.nap.org	248-443-1093	
,		(Name)	II OI A			(Area Code) (Telephone Number) (Extension)
	dronan@hap. (E-Mail Address					248-443-8610 (Fax Number)	
Nama		Title	OFFIC	ERS	Nome		Title
Name William R Alvin		Title President and	CEO		Name Ronald W		Title Treasurer
Jeanne Dunk #		Secretary					
	,		OTHER O	FFICEF	RS	,	
William D. Alvin			CTORS O	R TRU		Dootty William	m A Conway MD
William R Alvin Linda Ewing		Cindy Bala-Brusilo John T Garg		Joy	Marvin W E ce V Haye		m A Conway MD vey Hollins III #
Jamie C Hsu Ph D #		Kirk J Lewis			Jackie A N		erine A Roberts
Robin Scales-Woote	<u> </u>	Nancy Schlich	ılırıg		Rebecca R	51111111 5	usie M Wells
State of	Michigan						
County of	ū	ss					
The officers of this reporting entabove, all of the herein describe that this statement, together will inabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective.	tity, being duly sed assets were the related exhibiting and affairs of the cordance with the sor regulations ely. Furthermor copy (except for the sed of t	sworn, each depose and the absolute property of bits, schedules and exp said reporting entity as ne NAIC Annual Stateme is require differences in red, the scope of this atte- or formatting differences	the said reporting lanations therein of the reporting pent Instructions and reporting not relate station by the des	g entity, free contained, a eriod stated d Accountinged to accourticities of the control of the	and clear from nexed or reabove, and or garactices and integraces and including practice also include.	said reporting entity, and that on the many liens or claims thereon, exceptions and true statem of its income and deductions therefind <i>Procedures</i> manual except to the sand procedures, according to the less the related corresponding elect tatement. The electronic filing may	ept as herein stated, and lent of all the assets and rom for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,
	Alvin		Ronald \	N Berry		Jeanne	Dunk
President ar			Treas			Secret	
Subscribed and sworn to bday of	,				b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X] No []
Roderick Irwin Curry Notary August 14 2013							

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	,	,		,		
Group subscribers:						
Ford Motor Company	12,490,327					12,490,327
Federal Employees Health Benefit Plan.	7,424,203	1,804,631	13,069			9,241,903
Group subscribers: Ford Motor Company Federal Employees Health Benefit Plan City of Detroit	2,112,071	2,257,259	2,681,349			7,050,679
						·
						+
0299997 Group subscriber subtotal	22,026,600	4,061,890	2,694,418	0	0	28,782,908
0299998 Premiums due and unpaid not individually listed	11,560,286					11,560,286
0299999 Total group	33,586,886	4,061,890	2,694,418	0	0	40,343,194
0399999 Premiums due and unpaid from Medicare entities	6,253,867					6,253,867
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	39,840,753	4,061,890	2,694,418	0	0	46,597,061

EXHIBIT 3 - HEALTH CARE RECEIVABLES

		,	10110			EXHIBIT O-HEALITI OAKE REOLIVADELO											
1 Name of Debtor	2 1 - 30 Days 2,448,162 2 448 162	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted											
0199998 - Aggregate of amounts not individually listed above.	2.448.162		1	1		2,448,162											
0199999 - Totals - Pharmaceutical rehate receivables	2,448,162	0	0	0	0	2 448 162											
069998 - Aggregate of amounts not individually listed above	1,962,665		Ť	Ť	·	2,448,162 1,962,665											
O199998 - Aggregate of amounts not individually listed above. O199999 - Totals - Pharmaceutical rebate receivables O699998 - Aggregate of amounts not individually listed above. O699999 - Totals - Other Receivables	1,962,665	0	0	0	0	1,962,665											
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			+	†													
			+	†		†											
			†	†													
			<u> </u>	†													
0799999 Gross health care receivables	4,410,827	0	0	1	0	4,410,827											
praaaaa oroaa moorin ooro reoctivabres	4,410,027	L U	U	U	U	4,410,021											

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
_ 1 _	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0 1	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered		103,444	4,050	.3,241		2,444,470
0399999 Aggregate accounts not individually listed-covered	29,052,489	1,004,137	12,417	3,192	16,070	30.088.305
0499999 Subtotals	31,385,648	1,107,581	16,467	6,433	16,646	32,532,775
0599999 Unreported claims and other claim reserves						75,957,017
0699999 Total amounts withheld	<u> </u>		<u> </u>			15,081,430
0799999 Total claims unpaid	<u> </u>					123,571,222
0899999 Accrued medical incentive pool and bonus amounts						6,194,260

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Insurance Co	2,175,896	-				2,175,896	
HAP Preferred Inc.	870,761					870,761	
			·····	+	†		
	·		ł	+	ł	······	
0199999 Individually listed receivables	3,046,657	0	0	0	0	3,046,657	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	3,046,657	0	0	0	0	3,046,657	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Co. Mana Henry Ford Health Systems. Mana HAP Preferred Inc. Heal	agement fees and reimbursements	1,035,677	1,035,677	
Henry Ford Health Systems	agement fees and Corporate reimbs	362,275	362,275	
HAP Preferred IncHeal	th Choice plan for HFHS	183,824	183,824	
0199999 Individually listed payables		1,581,776	1,581,776	0
0199999 Individually listed payables				
0399999 Total gross payables		1,581,776	1,581,776	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:	005 400 055	54.0	400 470	57.0	705 070 000	
Medical groups		51.6	189,472	57.2	705,372,036	130 , 111 , 219
2. Intermediaries		0.4		0.0		6,289,118
3. All other providers	0	0.0	141,742	42.8		ļ
Total capitation payments	841,772,373	52.0	331,214	100.0	705,372,036	136,400,337
Other Payments:						
5. Fee-for-service		2.2	XXX	XXX		35 , 752 , 246
Contractual fee payments		44.6	XXX	XXX	76,993,474	644 , 262 , 644
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
Bonus/withhold arrangements - contractual fee payments		1.2	XXX	XXX	24,698	19,499,518
9 Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	XXX	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	776,540,060	48.0	xxx	XXX	77,025,652	699,514,408
13. Total (Line 4 plus Line 12)	1,618,312,433	100 %	XXX	XXX	782,397,688	835,914,745

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSAK	TIONS WITH IN LI	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	INCINE				
				ļ	
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	6,015,978	0	5,460,499	555,480	555,480	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	6,015,978	0	5,460,499	555,480	555,480	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit Michigan

	<u> </u>	•		•				(LOCATION)		
NAIC Group Code 1311 BUSINESS IN THE STATE C	OF Michigan			DURING THE YEAR	2011			NAI	C Company Code	95844
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	342,635	2,299	279,362				22,764	38,210		
2 First Quarter	332,964	2 , 150	272,900				18,967	38,947		
3 Second Quarter	331,596	2,178	271,663				18,819	38,936		
4. Third Quarter	331,552	2,128	271,492				18,729	39,203		
5. Current Year	331,214	2,068	271,249				18,619	39,278		
6 Current Year Member Months	3,985,522	26,309	3,265,279				225,936	467,998		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,364,308	8,959	1,062,352				66,502	226,495		
8. Non-Physician	86,868	538	56,706				3,910	25,714		
9. Total	1,451,176	9,497	1,119,058	0	0	0	70,412	252,209	0	
10. Hospital Patient Days Incurred	226,947	834	82,043				6,499	137,571		
11. Number of Inpatient Admissions	47,640	198	19,973				1,391	26,078		
12. Health Premiums Written (b)	1,791,333,734	11,535,617	1 , 195 , 602 , 438				101,998,644	482,197,035		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,791,333,734	11 , 535 , 617	1 , 195 , 602 , 438				101,998,644	482 , 197 , 035		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,618,312,433	10,333,951	1,071,056,381				92,779,225	444,142,876		
18. Amount Incurred for Provision of Health Care Services	1,627,176,604	10,386,533	1,076,506,200				92,941,164	447,342,707		

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$482,197,035



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

								(LOCATION)		
NAIC Group Code 1311 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2011			NA	IC Company Code	95844
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	342,635	2,299	279,362	0	0	0	22,764	38,210	0	0
2 First Quarter	332,964	2,150	272,900	0	0	0	18,967	38,947	0	(
3 Second Quarter	331,596	2,178	271,663	0	0	0	18,819	38,936	0	(
4. Third Quarter	331,552	2,128	271,492	0	0	0	18,729	39,203	0	0
5. Current Year	331,214	2,068	271,249	0	0	0	18,619	39,278	0	0
6 Current Year Member Months	3,985,522	26,309	3,265,279	0	0	0	225,936	467,998	0	(
Total Member Ambulatory Encounters for Year:										
7. Physician	1,364,308	8,959	1,062,352	0	0	0	66,502	226,495	0	(
8. Non-Physician	86,868	538	56,706	0	0	0	3,910	25,714	0	(
9. Total	1,451,176	9,497	1,119,058	0	0	0	70,412	252,209	0	(
10. Hospital Patient Days Incurred	226,947	834	82,043	0	0	0	6,499	137,571	0	(
11. Number of Inpatient Admissions	47,640	198	19,973	0	0	0	1,391	26,078	0	(
12. Health Premiums Written (b)	1,791,333,734	11,535,617	1,195,602,438	0	0	0	101,998,644	482 , 197 , 035	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,791,333,734	11 , 535 , 617	1,195,602,438	0	0	0	101,998,644	482 , 197 ,035	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	1,618,312,433	10,333,951	1,071,056,381	0	0	0	92,779,225	444 , 142 , 876	0	
18. Amount Incurred for Provision of Health Care Services	1,627,176,604	10,386,533	1,076,506,200	0	0	0	92,941,164	447,342,707	0	(

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products _____0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$482,197,035

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	442,897,927		442,897,927
2.	Accident and health premiums due and unpaid (Line 15)	46,597,061		46,597,061
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	12,034,874		12,034,874
6.	Total assets (Line 28)	501,529,862	0	501,529,862
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	123,571,222	0	123,571,222
8.	Accrued medical incentive pool and bonus payments (Line 2)	6,194,260		6, 194, 260
9.	Premiums received in advance (Line 8)	14,759,302		14,759,302
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	118,444,462		118,444,462
13.	Total liabilities (Line 24)	262,969,246	0	262,969,246
14.	Total capital and surplus (Line 33)	238,560,616	XXX	238,560,616
15.	Total liabilities, capital and surplus (Line 34)	501,529,862	0	501,529,862
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama			·				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California			-				
6. Colorado	CO		-				
7. Connecticut			-				
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA		·				
12. Hawaii			-				
13. Idaho							
14. Illinois	IL						
15. Indiana	JN						ļ
16. lowa	JA						ļ
17. Kansas							ļ
18. Kentucky			.				
19. Louisiana	LA		.				
20. Maine							
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE		NUIL				
29. Nevada	NV		_				
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							1
42. South Dakota							1
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia				•••••			
48. Washington				•••••			
49. West Virginia							
50. Wisconsin							
			-				·
51. Wyoming			1			l	l
52. American Samoa							
53. Guam							
54. Puerto Rico							·
55. U.S. Virgin Islands						ŀ	·
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien	OT						1

9

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

			PAR	ITA	DEIAI	L OL INO	URANCE HOLD			MITOIOIEINI				
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15
						Securities Exchange if					(Ownership, Board,	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
	Henry Ford Health Systems	05044					Health Alliance Plan of		20	l		400.0	Henry Ford	
	. Group	95844	38 - 2242827				Michigan	MI	DS	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems Group						HAP Preferred Inc.		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems		-				Alliance Health and Life			Health Alliance Plan of	. Owner Sirrp	100.0	Henry Ford	
	Group	60134	38-3291563				Insurance Company	MI	DS	Michigan_	Ownership	100.0	Health System	
	Henry Ford Health Systems						Administration System Research			Health Alliance Plan of			Henry Ford	
	Group						Corporation		DS	Michigan	Ownership	66.7	Health System	
	Henry Ford Health Systems								20	Health Alliance Plan of		400.0	Henry Ford	
	Group						HAP Community Alliance		DS	Michigan	. Ownership	100.0	Health System	
	Henry Ford Health Systems Group						Physicians Care Health Management		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems									Health Alliance Plan of	. Owner Sirrp	100.0	Henry Ford	
	Group	95814	38-3123777				Midwest Health Plan. Inc	MI	DS	Michigan	Ownership	100.0	Health System	
	Henry Ford Health Systems						, , , , , , , , , , , , , , , , , , , ,							
	Group						Henry Ford Health System		UDP					
	Henry Ford Health Systems									Health Alliance Plan of			Henry Ford	
	. Group						CuraNet Inc		DS	Michigan	.Ownership	100.0	Health System	
	Henry Ford Health Systems Group						Henry Ford Wyandotte.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems						First Optometry Vision Plans,			Therity Ford hearth system	ownership	100.0	Henry Ford	
	Group						Inc		NIA	Henry Ford Health System	Ownership	100 0	Health System	
	Henry Ford Health Systems												Henry Ford	
	Group						Detroit Osteopathic Hospital		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems						, ,				·		Henry Ford	
	. Group						Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems						PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	GroupHenry Ford Health Systems									Therity Ford hearth System	ownership	100.0	Henry Ford	
	Group						Horizon Properties Inc.		NIA.	Henry Ford Health System	Ownership	100 0	Health System	
	Henry Ford Health Systems						Mercy Mt. Clemens Real Estate,						Henry Ford	
	Group						LLC		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems						L						Henry Ford	
	. Group						Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems Group	1					Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems		1			-	The righborhood beveropilient LLC		NIA	Them's rolu health system	. ownersinp	100.0	Henry Ford	
	Group	1					Henry Ford Continuing Care Corp.		NIA	Henry Ford Health System	Ownership	100 0	Health System	
	Henry Ford Health Systems		1				Henry Ford Health Care Corp]]			Henry Ford	
	Group						Self Funded Liability Plan		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems	1					Henry Ford Health System					400 -	Henry Ford	
	Group						Foundation		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems Group	1					Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems		1			-	Them's Pord Fligsterall Network		NIA	Them's rolu health system	ownersinp	100.0	Henry Ford	
	Group						Northwest Detroit Dialysis		N I A	Henry Ford Health System	Ownership	56.3	Health System	
	Henry Ford Health Systems		1				The state of the s]			Henry Ford	
	Group						Dialysis Partners of NW Ohio		NIA	Henry Ford Health System	Ownership	57.0	Health System	
	Henry Ford Health Systems						L			I			Henry Ford	
	Group						Macomb Regional Dialysis		NIA	Henry Ford Health System	Ownership	60.0	Health System	.

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	TAKT IA - DETAIL OF INSURANCE HOLDING COMPANY STOTEM													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
					-	Name of		-			Type of Control			
						Securities					(Ownership,			!
						Exchange if					Board,	If Control is	Ultimate	,
														!
_		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	!
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	!
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
	Henry Ford Health Systems												Henry Ford	,
	Group						Sha Realty Corp		NIA	Henry Ford Health System	. Ownership	100.0	Health System	!
	Henry Ford Health Systems									1			Henry Ford	
	Group						Center for Senior Independence		NIA	Henry Ford Health System	. Ownership	100.0	Health System	,
	Henry Ford Health Systems						Licenter for senior independence			Them'y Toru hearth bystem	. Owner strip	100.0	Henry Ford	
							Hanny Ford Wood Disonfield		NIA	Henry Ford Health Creton	O	100.0	Health System	,
	. Group			-			Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Hearth_System	
	Henry Ford Health Systems									l			Henry Ford	,
	. Group.						Downriver Center for Oncology		NIA	Henry Ford Health System	Ownership	100.0	Health System	. !
	Henry Ford Health Systems												Henry Ford Health System	,
	Group					l	P Cor, LLC		NIA	Henry Ford Health System	. Ownership	100.0	Health System	ļ
	Henry Ford Health Systems						First Optometry Eye Care			1 ,			Henry Ford	,
	Group						Centers, Inc.		NIA	Henry Ford Health System	Ownership	100.0	Health System	,
	01 0up						0011013, 1110			Thomas Tora hourth by Stom	. O WITHOUT STITTP	100.0	Thourth by Stom	
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Asterisk	Fxplanation
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40

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company	Federal ID		Shareholder	Capital	Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844	. 38-2242827	Health Alliance Plan of Michigan			ļ		(631,363,821)		ļ		(631,363,821)	
00404	38-2513504	HAP Preferred Inc					10,609,536		ļ			
60134	. 38-3291563	Alliance Health and Life Insurance Compa					(37,125,958)		ļ		(37, 125, 958)	
	38-1357020	Henry Ford Health System					5/1,5/6,825		ļ		5/1,5/6,825	
	38-2791823	Henry Ford Wyandotte			+		30,942,203		ł		30,942,203	
	38-2594841 38-1368330	Detroit Octoopethia Heapital			 		1,223,887		····		1,223,887 63,182	
	38-2947657	Delivit Usteopaliic Mospital			ł	ļ	63 , 182 49 , 060 , 784		 		49,060,784	
	26-3896897	Henry Ford Wyandotte					49,000,764		ł		49,000,764	
	38-3193008	Downriver Cancer Center		l	†		1,463,840		t		1,463,840	
	38-2433285	HFH-Belmont Nursing					1,722,012		····		1,722,012	
	38-2433285 38-3322462	P Cor LLC.					1,491,154		†		1,491,154	
	100-0022402										0	
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	1								1			
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which	ollowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod ipplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	de will be printed below. If
	MARCH FILING	
11.		N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	N0
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
15.		N0
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17.	,	SEE EXPLANATION
18.		SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.		SEE EXPLANATION
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.		N0
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.		YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Expla	nation:	
12.		
13.		
14. He	ealth Alliance Plan is not a stock company	
15.		
16.		
17. He	ealth Alliance Plan offers Medicare Part D coverage through a Medicare Advantage Plan	
18. He	ealth Alliance Plan has not made a request for approval for relief related to the five-year rotation requirement for lead audit p	artner
19. He	ealth Alliance Plan has not made a request for approval for relief related to the one-year cooling off period for independent CPA	

20. Health Alliance Plan has not made a request for approval of such relief

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Other Assets	57 , 843		57 ,843	57 ,843
2505. Other Receivables.	24,881		24,881	13,904
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	82,725	0	82,725	71,748

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

		1	2	3	4
		Covered	Uncovered	Total	Total
2304.	Liability for CMS Coverage Gap Discount Program	924,030		924,030	0
	Additional Acquisitions Costs Accrued for Purchase of Midwest				
2305.	Health Plan	5,030,000		5,030,000	
2397.	Summary of remaining write-ins for Line 23 from Page 03	5,954,030	0	5,954,030	0

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